主論文

Collaborative support for child abuse prevention: Perspectives of public health nurses and midwives regarding pregnant and postpartum women of concern

［Introduction］

Prevention of child abuse requires cooperation among multiple organizations, including medical, healthcare, and welfare institutions, and social welfare organizations. In 2011, the Okayama Prefecture started its operation of the "Contact system for support for mothers and children of concern during pregnancy" (hereinafter referred to as the "Okayama model"), strengthening seamless support for pregnant and postpartum women of concern (PPWC) in collaboration with obstetric facilities and the community. Both PHNs and midwives provide ongoing support to expectant mothers: the PHNs through long-term life support for pregnant and postpartum women and their families, and the midwife in her role as a close supporter of women's health. Hence, both are important partners in primary care for pregnant and postpartum women, and together they may be able to identify health problems and signs of potential child abuse. Due to differences in their respective specialist disciplines, PHNs and midwives may have discrepancies regarding the identification of PPWC. Clarifying these differences is helpful for PHNs and midwives to understand each other's perspectives and cooperate.

There are individual differences in the ability of health visitors to find and contact medically and socially high-risk pregnant women, depending on the person in charge. Experienced PHNs and midwives may have some standard assessment points when determining whether they are "concerned" about pregnant women and need to provide support. Clarifying these points will reduce the likelihood of such cases being overlooked due to individual abilities. Therefore, this study aimed to clarify the characteristics of PPWC, as observed by experienced PHNs and midwives, in support of child abuse prevention. Our findings will promote abuse prevention and support from early pregnancy, resulting in the PHNs and midwives working together to ensure that these women in need of support are not overlooked.

［Materials and methods］

1.Research design

This was a qualitative descriptive study with an inductive approach.

2.Research participants

The participants included PHNs and midwives working at municipal health centers and obstetric medical institutions actively utilizing the contact system for the Okayama model in operation in the Okayama Prefecture. We requested cooperation in the study by written and verbal means from the general PHNs and the director of the nursing department of each institution. We also received recommendations of those who have had five years or more of

experience in supporting mothers and children, including child abuse prevention.

3.Data collection

The participants' data were collected from August to November 2019. Semi-structured interviews were conducted based on an interview guide with the PHNs and midwives who agreed to participate at locations that were designated by the participants. During the interviews, the interviewees were asked to recall cases and situations where they felt "concerned" about pregnant and nursing mothers under the premise of abuse prevention and to describe their experiences and reasons for feeling concerned.All interviews were recorded on an integrated chip (IC) recorder with the consent of the participants and were transcribed verbatim, maintaining anonymity.

4.Data analysis

Data were analyzed using qualitative inductive analysis methods. The contexts of the concerns that the PHNs and midwives felt about expectant mothers were extracted from the transcripts. Coding was performed while considering these contexts so that the meaning of the narratives could be understood, and subsequent categorization was carried out based on the similarities and differences. After aggregating similar categories and examining their relationships, the categories were grouped. The codes were extracted then compared by two co-researchers with experience in qualitative research. When opinions differed during the categorization process, the researchers repeatedly reviewed the results until a consensus was reached. They checked for any gaps between the intentions of the participants and the interpretation of the data, and presented the results to the participants to confirm the accuracy of the content.

5.Ethical considerations

This research was approved by the Institutional Review Board of the Okayama University Graduate School of Health Sciences (D19-1).

[Results]

1.Overview of research participants

The research participants were ten PHNs working at municipal health centers in the Okayama Prefecture and ten midwives working at obstetric medical institutions, comprising 20 people in total. The number of years of experience as PHNs was 21.0±5.4 (mean±S.D.) years and 22.0±11.3 (mean±S.D.) years as midwives (Table 1).

2.PPWC as seen by PHNs

We extracted four main categories, 12 subcategories, 32 subordinate categories, and 168 codes during the data analysis (Table 2).

1) Difficulties in daily life circumstances

This category covers the health workers' awareness that the pregnant or nursing mother had difficulties in her family background, living environment, socioeconoomic background, history, etc., and that stable living conditions were not in place, which caused them to be concerned about the mother's situation. This category comprised five subcategories.

2) PHNs' discomfort with the mannerisms of the pregnant women

This category represented the discomfort that PHNs felt toward pregnant and postpartum womenduring their interactions at the time of pregnancy notification due to the unique mood or behavior of the women presented. This involved three subcategories.

3）Have difficulty in child-rearing behavior

This category indicated concerns by PHNs that pregnant and postpartum women may not be able to perform appropriate child-rearing behaviors due to their lack of interest and involvement in their fetuses or babies, and their lack of confidence and skills in raising them. This was composed of three subcategories.

4）Have multiple risk factors recognized by an assessment tool

This category indicated the PHNs' concern toward those pregnant or parturient women with multiple risk factors for child abuse from objective indicators, such as medical records used for interviews or checklists within the organization. This was composed of one subcategory.

3.PPWC as seen by midwives

We extracted four main categories, nine subcategories, 33 subordinate categories, and 178 codes during the data analysis (Table 3).

1）Mental and physical safety of mother is in jeopardy

This category referred to midwives feeling that pregnant and postpartum women were at risk of being unable to have safe births. It comprised two subcategories

2）Have difficulty in child-rearing behavior

This category referred to the midwives' concerns about pregnant or parturient women experiencing difficulties in raising children because of their lack of affection or involvement with their children and siblings. It comprised four subcategories.

3）Have difficulties in maintaining relationships with surrounding people

This category referred to midwives' concerns that the women lacked an immediate supporter who could cooperatively help them, rejected support, or did not have any relationship with surrounding people. This comprised two subcategories.

4）Have multiple risk factors recognized by an assessment tool

This category referred to concerns regarding pregnant and postpartum women with multiple risk factors related to child abuse, using objective indicators such as maternity interviews during initial visits and checklists used within facilities during maternity examinations. This was composed of one subcategory.

Table 1. Background of the Participants.

	Public Health Nurses (n=10)	Midwives (n=10)
Age		
Under 35 years	1	2
35-39 years	0	2
40-49 years	7	1
50 years and older	2	5
Number of years of experience	21.0±5.4[7-28][a]	22.0±11.3[6-40][a]
Annual number of births at affiliated worksite		
Less than 100	1	
100 to 199	3	
200 to 299	2	
300 and over	4	
Number of deliveries at affiliated worksite		
Less than 100		1
100 to 499		5
500 to 999		1
1,000 and over		3

[a]Mean±S.D. [range]

Table 2. Characteristics of Pregnant and Postpartum Women of Concern as Observed by Public Health Nurses

Main Category	Subcategory	Subordinate Category	ID
Difficulties in daily life circumstances	Daily life foundations are unstable	Having economic instability	A,B,C,E,H
		Difficulties in getting accustomed to the area due to transfer	D,E,G
	Lack of ability to support parents' families	Parents' households are in financial distress	E,H
		Family members at parents' households have health issues	H,G
	Difficult to receive support from surrounding people	Poor relationship with parents	B,C,E,H
		Refusing support or involvement	B,C,D,I
		Having nobody to rely upon except parents	E,G
	Cannot envision life plan after giving birth	No planning for pregnancy	A,B,C,E,F,G,I,J
		Cannot envision daily life after giving birth	B,I,H
		No progress in preparations for life after giving birth	H,I
	In a dirty living environment	Garbage scattered in room and not cleaned up	G,H
		Unsanitary child-rearing space	A,H
PHNs' discomfort with the mannerisms of the pregnant women	Difficult to communicate with	No progress in verbal exchange, and feeling that no conversation is established	A,B,C
		Poor facial expression	B,E,J
		Few remarks initiated by the individual	A,B,C,D,H,J
		Insufficient comprehension	C,E,J
	Having a unique way of thinking and mood	Having particular views on pregnancy and childbirth style	D,H
		Dressing in an unkempt manner	G
		Having particular views on unique health methods and ways of thinking	F,H
	Having mental instability	Having unique mood	A,C,F,G,H
		Having risk of mental instability	A,B,E,F,H,J
		Having emotional instability	A,D,F,H
Have difficulty in child-rearing behavior	Feelings are not directed toward the fetus/child	Having behaviors and attitudes that do not celebrate pregnancy	A,B,E,F,G,H,I
		Being unable to feel affection for fetus/child	B,E,F,G,I
		Not showing care and attention toward child	B,I
		Not changing drinking or smoking habits for fetus	B,G,I
	Having inappropriate child-rearing attitude toward older child	Having cold attitudes toward the older child	F,H
		Being unable to take care of older child	G,H,I,J
	Feeling unsure about child-rearing techniques	Feeling anxious about child-rearing and not feeling confident	B,F,G
		Having insufficient child-rearing skills and knowledge	B,C,G,H
Have multiple risk factors recognized by an assessment tool	Multiple risk factors checked by an assessment tool	Multiple risk factors checked by organization's own risk indicators	A,B,C,J
		Multiple risk factors checked through a common form: "Contact form for support for mothers and children of concern during pregnancy"	A,B

Table 3. Characteristics of Pregnant and Postpartum Women of concern as seen by Midwives

Main Category	Subcategory	Subordinate Category	ID
Mental and physical safety of mother is in jeopardy	Having risk of childbirth that jeopardizes maternal safety	Being careless about managing own physical condition	a,b,c,f,i,j
		Suspected domestic violence leading to miscarriage	a,d,f,g
		Being fixated on desired childbirth style	b,d,i
		First visit or hospital transfer after 30 weeks of gestation	h,j
		Previous experience of childbirth with no prenatal care	a
	Having mental instability	Feeling depressed and having sad facial expressions	b,c,j,h
		Having emotional instability	d,h,f,g
		Having history of mental illness	a,c,d,g
Have difficulty in child-rearing behavior	Feelings are not directed toward the fetus/child	Not showing care and attention toward child	a,b,c,g
		Trying to prioritize self over raising child	a,b,d
		Being unable to feel affection for child	a,c,j
		Being unable to accept pregnancy	b,h
	No progress in preparations for childbirth and life after giving birth	Using or considering livelihood protection or hospitalized midwifery system due to financial instability	a,c,d,e,f,j
		Not feeling like she will become a mother	e,h,j
		Not having a fixed residence	a,f
		No progress in preparation of items for childbirth	e,h
	Having inappropriate child-rearing attitude toward older child	Having cold attitudes toward the older child	b,i,g,j
		Older child is unkempt in appearance	c,e
	Difficulties due to child-rearing not progressing as expected	Feeling confused due to being unable to raise child as expected	a,b,d,i,j,h
		Lack of knowledge regarding child-rearing is evident	b,d,f,i,j
		Having many minor questions	b,d,h
		Fixating on child-rearing by the book	b,d,h,j
		Feeling unsure about child-rearing techniques	j,h,g,b
Have difficulties in maintaining relationships with surrounding people	Difficult to receive cooperation from surrounding people	Having minimal cooperation from husband or partner	c,g,j,I,d
		Being unkempt and having a detached mood from surrounding people	e,f,j,d
		Refusing to have other people step in to individual affairs	a,e
		Having a small number of visitors and visits during hospitalization	a,j,e
		Having unreliable parents due to disagreement or history of abuse	h,c,j
	Difficult to communicate	Few remarks initiated by the individual	d,j,e,b
		Having disjointed conversations	b,d,f,e
		Poor comprehension	a,e
Have multiple risk factors recognized by an assessment tool	Multiple risk factors checked by an assessment tool	Multiple risk factors checked through a common form: "Contact system for support for mothers and children of concern during pregnancy"	a,b,c,d
		Multiple risk factors checked by organization's own risk indicators	b,e,h,j

[Discussion]

1.PPWC as seen by PHNs and midwives

Characteristics of how PHNs and midwives viewed PPWC included determining the target women by maximizing their specialist strengths in their respective professions and viewing PPWC as targets for support. Common aspects of PPWC, as seen by both PHNs and midwives, were those considered so-called specified pregnant women, those lacking "support from surrounding people" and those with child-rearing problems, such as "having inappropriate child-rearing attitudes toward the older child." Obstetrics and medical institutions are expected to provide information on specified pregnant women to administrative institutions as support targets for abuse prevention. This study showed that both PHNs and midwives commonly perceived specified pregnant women as targets for support and were conscious of their relationship with pregnant and postpartum women.

Furthermore, PHNs were characterized by their focus on the daily life background, child-rearing ability, and environment of the pregnant and postpartum women with high social risk, such as "having a family background where parents' home cannot be relied upon" or having difficulties in daily life due to unstable daily life foundations.

Meanwhile, midwives focused on maternal health management and stable fetal and child-rearing skills for safe delivery. Their concerns were regarding pregnant and postpartum women with medical risks, such as their mental and physical safety, and those who "have difficulty in child-rearing behavior" that may continue after being discharged from the hospital.

Sharing feelings of "concerns" toward pregnant and postpartum women based on the perspectives of

PHNs and midwives may allow pregnant women to be continuously given support without being overlooked. The characteristics of a PHN, who captures the daily life background and child-rearing environment of PPWC, as well as those of a midwife, who focuses on maternal safety and child-rearing skills, need to be mutually understood by the other profession. These two professionals also need to notice the risks that lead to abuse, sharing this information among supporters as soon as they become aware.

2.Suggestions for collaborative support to PPWC provided by PHNs and midwives

Methods for determining PPWC for both the PHNs and midwives included identifying "concerning" aspects not only from subjective information, such as behavior and attitude during interviews with the women, but also from objective information, such as the questionnaire used at the time of the interview and contents of the risk assessment index. Both PHNs and midwives using common risk assessment indicators allow for the possibility of noticing that PPWC may require support. Consequently, if both the PHNs and midwives share their observations, they will not overlook the PPWC in need of support, establishing a support system from an early stage and serving as the first step for providing continuous monitoring support. Since 2011, Okayama Prefecture has been using the "Contact form for support for mothers and children of concern during pregnancy" as a communication tool between obstetric medical institutions and administrative institutions using the Okayama model. The current study also including using a contact form that was unique to the Prefecture. Understanding the characteristics of the perceptions of both public health nurses and midwives, as revealed in this study, may lead to new perspectives and further understanding of risks and necessary support.

3.Research limitations and future issues

This study has some limitations. Only ten PHNs and ten midwives participated, and their workplaces were limited to a single prefecture. Furthermore, we targeted PHNs and midwives with five or more years of experience in this study. However, both groups had an average of over 20 years of experience. Hence, their identification of PPWCs likely differed according to their years of experience. Future tasks involve the development of indicators to support the prevention of child abuse from the early stages of pregnancy without overlooking pregnant and postpartum women needing support, regardless of the number of years of experience of the nurses and midwives. Moreover, the construction of an effective collaborative support model for PHNs and midwives is needed to prevent child abuse.

[Conclusion]

The study's results revealed that each professional had their perspectives of determining target women by using their respective specialties and that had a common perspective of determining specified pregnant women as PPWC. PHNs focused on childcare in a stable lifestyle, wherein the foundations involved the daily life backgrounds of the pregnant or parturient woman. Contrarily, midwives focused on the health management of mothers and stable fetal and child-rearing skills, alongside perspectives on child-rearing behavior after discharge from the hospital. Future research must determine how each professional views the other's characteristic perspectives for providing support, alongside investigating the ideal way for effective collaboration between these two professions.